Self-Study Packet

Workplans: A Program Management Tool

DEPARTMENT OF HEALTH & HUMAN SERVICES·USA

CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

NTC Division of Cancer
Prevention and Control
National Training Center

Contents

National Breast and Cervical Cancer Early Detection Program and Workplans

With the passage of the Breast and Cervical Cancer Mortality Prevention Act in August 1990, Congress authorized the Centers for Disease Control and Prevention (CDC) to build a national public health infrastructure to increase breast and cervical cancer screening among low-income, uninsured women. In response to this mandate, CDC established the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This comprehensive women's health initiative is implemented through cooperative agreements with all 50 States, 6 U.S. Territories, the District of Columbia, and 12 American Indian/Alaska Native Tribes.

The NBCCEDP is a complex initiative involving many core public health activities, including public education and outreach, coalitions and partnerships, professional education, screening, tracking and followup, case management, quality assurance and improvement, surveillance, evaluation, and management. The diagram below illustrates how these components are all designed to contribute toward the ultimate goal of providing early detection of breast and cervical cancers.
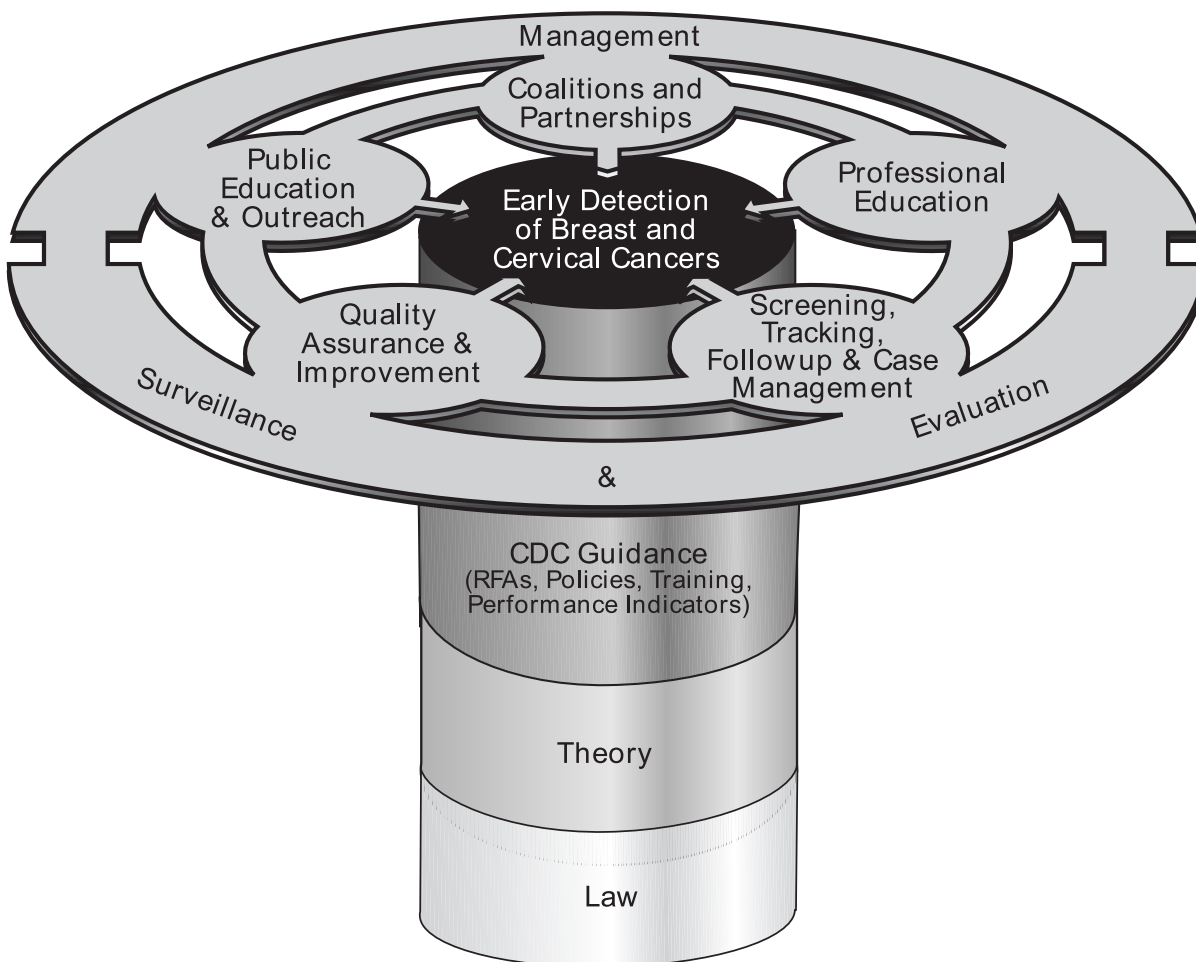
The base of the diagram illustrates that the NBCCEDP is built on the enabling legislation (Public Law 101-354). The top portion of the diagram illustrates the various program components. These components are connected in the wheel to show that program activities are interrelated. All of the components need to be well grounded in sound public health theory as well as CDC guidance and the law (the base or pillar in the diagram). Surveillance and evaluation data should inform the component activities, and sound management principles and activities are needed to keep the program moving in one coordinated direction.

CDC is responsible to Congress and other stakeholders for the overall performance of the NBCCEDP. For the NBCCEDP to have the intended impact, CDC and its grantees need to establish program goals and communicate effectively regarding progress toward program goals. Through requests for applications, policies, publications, meetings, trainings, and performance indicators, CDC keeps grantees aware of the national program's progress and priorities. Grantees, through data reporting, quarterly and semiannual reports, site visits, and continuation or competitive applications, keep CDC apprised of their individual program needs, priorities, and progress. The workplan, when used by the grantee as presented in this self-study material, serves as a planning and management tool and as an important communication tool with CDC.

The workplan development process is designed to aid programs in planning an informed course of action guided by national program goals and based on individual program needs and resources. The self-study materials that follow provide a detailed description of the planning process, applied through hypothetical case studies. Guided by the self-study, programs can create a workplan that is consistent with the mission of the national program.

How To Use This Packet

This Self-Study Packet is intended to guide you through the process of developing a workplan. The materials in this packet are organized so that you can focus on what is relevant to your learning needs. Designing a workplan is intended to make the job of managing your program more efficient and effective.

Upon glancing through this packet, you may feel that you are already familiar with the concepts of a workplan because you have worked with them in the past. However, please recognize that many different program management models exist, and this packet is designed to help you comprehend the model that is to be used within the NBCCEDP.

Case Study

We have designed a mythical program as a case study. The case study is designed to paint a picture of a BCCEDP. Even though every single detail is not included, the case study provides enough information so that we may start to sketch a workplan. This case study will be referred to throughout the Self-Study Packet, as it will serve as the basis for the workplan examples. As you work through the packet, try to think of examples of goals, measures of success, objectives, etc., that would be relevant for this mythical program.

Tip Sheets

The tip sheets are designed to aid in the development of a workplan that is performance based. As you work through the Self-Study Packet, pay particular attention to those tip sheets that cover content with which you are unfamiliar. For example, if you are unclear about terminology used in the workplan, refer to Tip Sheet #11, Glossary of Terms. If you are unclear about how to develop measures of success, see Tip Sheet #5, Developing Measures of Success. If you need help with writing objectives that are more specific, see Tip Sheet #6, Writing Effective Objectives.

Tip Sheets	What's in It for Me?
#1 Workplan Benefits: Why Use a Workplan	Provides an explanation for using the workplan.
#2 Instructions for Developing a Workplan	Provides step-by-step guidance on developing a workplan.
#3 Getting Started	Includes information for staff to review before their program workplan is developed. It may help everyone focus and begin with a common understanding of staff responsibilities.
#4 Developing Goals	Offers guidance on developing well-written, appropriate, overall goals.
#5 Developing Measures of Success	Describes what measures of success are, why they are useful, and a process for their development. Includes examples.
#6 Writing Effective Objectives	Provides guidance on writing objectives that are specific, measurable, and reasonable. Includes examples.
#7 Developing Appropriate Activities	Provides guidance to ensure that activities will lead to achievement of goals and objectives.
#8 Using Data To Assess Progress	Describes the importance of data in developing a workplan. Offers examples of information relevant to BCCEDPs.
#9 Writing a Progress Report	Describes what a progress report is and why it is useful.
#10 Sample BCCEDP Workplan	Provides an example, based on the case study, using the workplan template.
#11 Glossary of Terms	Defines terms related to workplans.

Case Study

Welcome to the Ecstasy Program

The Ecstasy Program has received breast and cervical cancer screening funds for the past 4 years and has made considerable progress in developing a complete program. Ecstasy's population is 88 percent Caucasian, 6 percent Asian, 2 percent African American, and 4 percent Hispanic. Ecstasy has four large urban areas, where 50 percent of the residents, and most of the minority population, live. One of these areas has a high concentration of new immigrants, mainly Asian Americans. In comparison with other programs, Ecstasy has a high percentage of uninsured and underinsured persons at or below 200 percent of the Federal poverty rate.

Behavioral Risk Factor Surveillance System (BRFSS) data reveal that 80 percent of women over 40 in Ecstasy have had a mammogram in the past 2 years (national average is 84.8 percent); 70 percent of women have had a Pap test in the past 3 years (national average is 75 percent); and 80 percent have ever had a Pap test (national average is 90 percent). Ecstasy had projected that 4,000 women would be screened for breast and cervical cancer during the last year of funding. Four thousand mammograms and clinical breast examinations were conducted, but only 1,600 Pap tests, or 40 percent of their projection, were completed.

A recent review of performance indicators by CDC reveals that the budget of the program appears to be in compliance with the 60/40 requirement, and the program has continued to improve its ability to spend requested funds, with the past 2 years averaging 95 percent of awarded funds spent. Although the program reached 100 percent of the projected number of women in the last year of funding, only 40 percent of these women were actually screened with a Pap test. Of those women receiving a Pap test through the BCCEDP, 96 percent reported having had a previous Pap test.

Currently, the MDEs reveal a 20 percent error rate. Recent data indicate that only 60 percent of abnormal breast exams and 80 percent of abnormal Pap tests have a complete workup. Audits of past cases reveal eventual compliance of 100 percent for each. There have been persistent problems with the data component of the program. In particular, it appears that, in some instances, providers have submitted faulty data.

Tip Sheets

Tip Sheet #1:
Workplan Benefits:
Why Use a Workplan

BCCEDP Workplan Template				
Goals for This Year:		Measures of Success:		
Objectives	Activities Planned To Achieve This Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Management of public health programs can be difficult, especially if the proper tools are not available. A workplan can be a solution to many of the challenges encountered in managing multifaceted programs. A workplan is a tool that not only benefits the program that uses it, but it also makes staff members' jobs easier.

What is a workplan?

A workplan is a program management tool that provides direction and guidance for the overall program as well as each program component (e.g., professional education, public education and outreach, and management). It is designed to be used for program planning, implementation, and monitoring progress toward reaching program goals.

What are the parts of a workplan?

A workplan has several different components, which include

- Goals
- Measures of Success
- Measurable Objectives
- Activities
- Data
- Timeframe for Assessing Progress
- Team Members Responsible
- Progress Report

Each workplan component will be discussed in detail in the Self-Study Packet and at the workshop. However, it is clear just by looking at the list of components that a workplan can serve as a blueprint for program management. Because a workplan should be tailored to a specific program, the particular format or structure of a workplan is not essential. Rather, the workplan should be in a format that works best for the program. All the workplan components (listed above) should be present.

What can a workplan do for a BCCEDP program?

A workplan can make grant application or reapplication time easier. It also can make a program more efficient and effective.

A workplan can make a program more *efficient* because it

- Assists the program director or manager in succinctly stating the goals and objectives of each component and how those goals and objectives serve to address the program's *overall* goals;

- Helps staff responsible for different program components determine priorities for planning;

- Establishes a consistent structure for ongoing technical assistance;

- Links to the program budget;

- Provides a template for organizing and monitoring the program implementation process;

- Provides a mechanism for making revisions that address progress and deficiencies; and

- Assists programs with training key staff members to plan, implement, monitor progress, and assess program activities.

A workplan can make a program more *effective* because it

- Streamlines evaluation and helps participants know *what* will be evaluated and *how*;

- Establishes programmatic accountability over time; and

- Acts as a guide for staff by helping them understand program goals and objectives, and contributes to the achievement of the desired outcome.

Use of a workplan can help programs stay organized and focused. The staff and program benefit and hopefully so do the women they serve. Using a workplan allows staff to become active participants in the program planning process, thus boosting staff morale, proactivity, and investment in the program and making it more effective for the intended audience.

Tip Sheet #2: Instructions for Developing a Workplan

BCCEDP Workplan Template

Goals for This Year:		Measures of Success:		
Objectives	Activities Planned To Achieve This Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Developing a workplan is intended to be a team effort, with leadership and guidance provided by the program director. This team approach helps create a sense of responsibility and investment in the program for everyone.

Specifics as to how this process takes place will probably depend on what phase of the application/continuation cycle a particular program is in. For example, prior to the end of a program's 5-year funding cycle, it may be appropriate to use a group process to brainstorm the direction of the program as part of the reapplication and workplan development process. If a program is submitting an annual continuation application workplan template, the process could be simplified but would still include reviewing the overall goals, objectives, and activities and updating them as needed.

If a program at any stage of the application cycle has received feedback (either from an internal or external source) that suggests its overall management or a specific program component could be improved, developing or revising a workplan may be necessary. Ideally, the tip sheets in this Self-Study Packet can be used as reference tools when drafting a workplan.

A performance-based workplan comprises eight recommended components that follow each other step-by-step:

- Goals
- Measures of Success (for goals)
- Measurable Objectives
- Activities
- Data
- Timeframe for Assessing Progress
- Team Members Responsible
- Progress Report

Step 1

Review Tip Sheet #3, Getting Started, with your staff before developing your workplan. When initiating the development of a workplan, it is always a good idea to identify and bring together key staff members for a brainstorming meeting. During this meeting, staff members should engage in a discussion about the program's overall strengths and areas needing improvement. They should also consider the challenges that the program may face over the next year. This can lead to the creation of a brief summary of the program that can be referred to during the workplan development process. The purpose of each program component and relevant data should be reviewed during this step as well so that important information can be incorporated into the program summary. Completion of these items should allow for the discussion of issues and concerns as well as help team members begin to focus the direction of their program. These staff members can then assist in drafting the workplan.

Step 2

Once everyone has a common understanding of the status of the program and the purpose of each program component and relevant data have been reviewed, begin to develop overall goals for this year. To begin, ask, "What are we trying to accomplish this year? What gaps in our overall program performance should we address? What data and theory support this goal? If we reach this goal, do we believe it will contribute to reducing morbidity and mortality of breast and cervical cancer?" Once these questions are answered, write overall goals. See Tip Sheet #4, Developing Goals.

Step 3

Develop measures of success for goals. To begin, ask, "How will we know if our program has achieved this goal? What would it take to convince me that our program has achieved this goal?" For some goals, CDC national performance indicators may serve as a benchmark to shoot for and may be the measure of success. See Tip Sheet #5, Developing Measures of Success.

Step 4

Develop objectives. Begin this process by asking, "What 'big steps' do we need to take to achieve the goals? Where do we need to focus? Why? Does this move us toward the overall goal? Is this a reasonable next step? Is this step clearly measurable?" Then write what you will do this year to reach the goal stated in Step 2. See Tip Sheet #6, Writing Effective Objectives, for guidance on developing objectives.

Review all objectives to determine whether you have covered all the steps toward your goal. Also, be sure to review measures of success with relation to the objectives to ensure you have captured the main priorities in your measures of success.

Step 5

Develop activities to meet the objectives. Begin by asking, "To meet the objectives, what action is needed? What else might work? Do we have the resources to do this?" Then write a list of the activities to undertake. See Tip Sheet #7, Developing Appropriate Activities.

Step 6

Identify data to evaluate progress. To begin, ask, "What main data sources will be useful in evaluating this? What other data might be useful? What information will we need to determine our success in reaching our goal?" See Tip Sheet #8, Using Data To Assess Progress.

Step 7

Identify timeframes for assessing progress on a regular basis. Begin by asking, "What activities need to come first? When do we plan to have this finished?" Then write dates (e.g., by month, quarter) for assessing progress. Timeframes should include regularly scheduled, periodic check-in points for assessing progress in addition to start and end dates. Use established timeframes to help organize activities, such as prep work for "Mammography Day" activities.

Step 8

Identify team members responsible for specific tasks within each activity.

Step 9

At periodic intervals over the year, review your workplan. Decide whether revisions are needed, and make the appropriate changes. When reviewing, ask, "Is my BCCEDP workplan moving our program toward the NBCCEDP goal of reducing morbidity and mortality from breast and cervical cancers?" Try to focus on the activities that will contribute to your most important goals. Do not get caught up in supporting activities just because you have always done them before.

Step 10

Develop a progress report describing significant accomplishments to date, major problems encountered, strategies for problemsolving, and workplan revisions needed. Once the workplan is established, use this section as a way to document lessons learned. This practice may be helpful in guiding future workplan revisions. When completing this portion of the workplan, ask, "Do we have a way to know if objectives are being met? Are we tracking progress appropriately? What do we need to report on our progress? Is there anything we need to be doing differently?" See Tip Sheet #9, Writing a Progress Report.

Remember...

The workplan document is flexible and fluid. It is a management tool that should be used on a regular basis to help programs stay on track, make decisions, and operate efficiently and effectively.

Tip Sheet #3:
Getting Started

This tip sheet provides information for the program staff to review before developing their program workplan. It may help everyone focus and begin with a common understanding of staff responsibilities.

Purpose of Each Program Component

The descriptions below serve as succinct explanations of the role and function of each program component. These descriptions are meant to provide focus and check assumptions for all staff members before developing the program's workplan. BCCEDP staff members are encouraged to examine their program's specific needs and resources and tailor these descriptions appropriately.

Management

The purpose of management is to create, implement, and sustain a BCCEDP that is in compliance with the established policies and procedures determined by the NBCCEDP. This includes the development of a comprehensive, effective, and efficient program that is *realistic* and appropriately staffed, given time and budget constraints.

Coalitions and Partnerships

The purpose of coalitions and partnerships is to facilitate infrastructure-building for providing screening and rescreening of eligible people by facilitating access to services and enhancing public education resources and professional education opportunities. Coalitions and partnerships are important to the statewide program through their ongoing support of quality care standards.

Public Education and Outreach

The purpose of public health education activities is to increase the rate of screening in the intended audience and ultimately to decrease morbidity and mortality from breast and cervical cancer. Education efforts should include an appropriate mix of broad-based awareness-raising; community-based education and outreach; and interpersonal outreach strategies.

Professional Education

The purpose of professional education activities is to affect health care providers' knowledge, attitudes, and behaviors and ultimately result in more women in the intended audience being screened appropriately. Professional education includes training that enables professionals to perform their jobs competently, identification of resources and needs, and promotion of systems of health care delivery that provide positive clinical outcomes.

Quality Assurance and Improvement

The purpose of quality assurance is to ensure that BCCEDP clients receive timely, high-quality breast and cervical cancer screening, and timely and adequate followup in the event that they have abnormal screening results.

Screening, Tracking, Followup, and Case Management

The purpose of screening, tracking, followup, and case management services is to detect cancer or precancerous lesions at their earliest stage and provide timely intervention. Screening involves the routine testing through Pap test, clinical breast exam, and mammography for cervical and breast cancers. Tests are performed in accordance with appropriate standards of care.

Tracking and followup activities are intended to ensure that women return for testing at suggested intervals, and that women with abnormal test results and/or diagnosis of cancer receive appropriate and timely diagnostic and treatment services. An effective database system is critical to ensuring effective tracking and followup.

Case management activities are intended to develop, sustain, and broker a network of clinical and essential support services for women served through the program. In particular, case management activities are intended to ensure that women with an abnormal result or diagnosis of cancer receive appropriate and timely diagnostic and treatment services.

Surveillance and Evaluation

Surveillance is the ongoing systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with timely dissemination of these data to those who need to know. Surveillance data should be used in program planning and evaluation.

Program evaluation is the systematic assessment of the operation and outcomes of a program, compared to a set of explicit or implicit standards, as a means of contributing to the improvement of the program. The purpose of program evaluation is to monitor and improve the quality and efficiency of a program's operations.

Reviewing Relevant Data

It is important for your program to review where it has been and where it wants to go before developing its workplan. When staff have a clear picture of what has been accomplished and what needs and issues require attention, it makes the development of a workplan easier.

Data used during your review can come from a variety of sources. Some of them include:

- Minimum Data Elements (MDEs)
  (See Tip Sheet #8 for more information on MDEs)

Tip Sheet #3 (continued)

- State Behavioral Risk Factor Surveillance System (BRFSS)
  (See Tip Sheet #8 for more information on BRFSS)
- Census data
- Cancer Information Service data
- Tracking data
- Patient exit interviews
- Focus groups
- Patient satisfaction surveys

Some questions that may be helpful to keep in mind as you review are:

- Are we serving the percentage of the target population that we intend to serve?
- Where are the gaps in our overall program performance?
- What areas of our program are successful?
- What areas of our program need improvement?
- Are we compliant with the law and CDC's guidance?

Tip Sheet #4:
Developing Goals

BCCEDP Workplan Template

Goals for This Year:		Measures of Success:		
Objectives	Activities Planned To Achieve This Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

This tip sheet shows how to critically review and assess goals. Developing clear, well-written, and achievable goals and objectives that are related to a program's mission can be challenging.

A goal is a general, "big picture" statement of an outcome a program intends to accomplish to fulfill its mission. A goal may focus on something new or it could concentrate on fixing a problem. Either way, the goal should be written so that the desired outcome is clear.

Goals, measures of success, and objectives are the foundation of program planning and evaluation processes. However, determining the *focus* of a program's goals can be a challenge. The *NBCCEDP Orientation Manual* (1997) and *The Program Guidelines for Breast and Cervical Cancer Early Detection* (1997) are recommended as resources for determining program goals. Each chapter of the *NBCCEDP Orientation Manual* clearly identifies the key concepts related to each BCCEDP component and includes a worksheet for assessing progress within each program component (e.g., public education and outreach, management, professional education).

Case Study Example

Goal: Improve the accuracy of the MDEs

To assess whether this example is appropriate, based on the case study, ask the following questions:

- Is this a general statement of what a program or program component hopes to accomplish during the year?   ✓ Yes   __No
- Does it describe the desired outcome the program intends to accomplish?   ✓ Yes   __No
- Is it clearly written? That is, do you understand what the desired outcome is?   ✓ Yes   __No
- Is it supported by theory and data review?   ✓ Yes   __No
- Is this goal appropriate given the program's present situation?   ✓ Yes   __No

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This goal appears to meet all the criteria and is appropriate given what we know from the case study. Some other goals may have come to mind as you read through the case study. These goals may include:

- Increase cervical cancer screening, especially among those women never screened previously.

- Maintain current breast cancer screening rates.

It is easier to develop the remainder of the workplan components when goals meet all of the criteria and are appropriate, given a program's needs, resources, intended audience, etc.

Tip Sheet #5:
Developing Measures
of Success

BCCEDP Workplan Template

Goals for This Year:		Measures of Success:		
Objectives	Activities Planned To Achieve This Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

A measure of success is a standard that a program sets for itself to measure progress in achieving program goals. Because goals are broad, multiple measures of success may be required to fully assess progress toward a particular goal.

When developing a workplan, it is important to start with the "big picture." Developing goal statements and measures of success is a key step in developing and articulating this overall picture. While goals are general statements of what your program hopes to accomplish, measures of success are measures that help "indicate" progress toward a goal.

When writing measures of success for each goal be sure they are measurable, meaning they should contain a numeric value, or an observable behavior. They should be significant and truly gauge success in working toward or meeting the goal. Furthermore, when determining how high to aim your measure of success, use benchmarks or standards. For example, CDC's performance indicators could serve as benchmark to shoot toward and they may be a measure of success.

Those staff members involved in the workplan development process can determine measures of success for your program's goals by identifying specific, observable accomplishments or changes that tell whether or not the program is moving toward the goal. The following questions may help in developing measures of success:

- How will we know if our program has achieved this goal?
- What connects this measure of success to this goal?
- What would it take to convince me that our program has achieved this goal?
- Is it significant or a priority outcome?

Case Study Example

Goal: Improve the accuracy of the MDEs

Measure of Success: Error rate of MDEs will be $\leq 5\%$

To assess whether this example is appropriate given the case study, ask the following questions:

- Can we measure or observe this?   ✓Yes   __No
- Does it provide us with a reasonable indication that the goal is being reached?   ✓Yes   __No
- Is it significant or a priority outcome?   ✓Yes   __No

Tip Sheet #6: Writing Effective Objectives

BCCEDP Workplan Template

Goals for This Year:		Measures of Success:		
Objectives	Activities Planned To Achieve This Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Objectives state the "big steps" a program will take to attain its goal. Think of a list of objectives as steps toward your overall goal. While programs may have common goals, the objectives to meet those goals should reflect the unique situation of each program. They can be used to determine a program's status at any given point in time, and they can be measured during the project period.

While objectives, like goals, are based on theory and data, objectives are more specific than goals. Goals tend to be broad and general, and often do not include a timeframe. However, objectives should be S.M.A.R.T.

- *Specific*—identify who, what, and where
- *Measurable*—identify how many
- *Achievable*—can be attained
- *Realistic*—can be attained given time and resources available
- *Timeframed*—identify when

Within this framework, each objective should not include more than one expectation, using precise terms that do not leave room for misinterpretation. When properly stated, an objective is a guide to

- Specific content to be addressed.
- Specific behavioral changes desired.
- Selection of activities that best enable the achievement of a desired outcome or goal.
- What to evaluate.

Objectives delineate how a goal will be achieved. They should include action verbs. Consider using the following action verbs when developing objectives for your workplan.

Sample Action Verbs Used in Writing Effective Objectives			
Discuss	Choose	Identify	Define
List	Match	Diagram	Present
Compare	Indicate	Contrast	Increase
State	Determine	Select	Perform
Differentiate	Explain	Summarize	Collect
Classify	Categorize	Apply	Revise
Plan	Illustrate	Develop	Show
Use	Prepare	Demonstrate	Name
Create	Practice	Write	Document

Case Study Example

Goal: Improve the accuracy of the MDEs

Measure of Success: Error rate of MDEs will be ≤5%

Objective: Data Manager will develop a report that quantifies the source of errors (from the data system, data entry, and form completion) by September 2000.

To assess whether this example is appropriate given the case study, ask the following questions:

- Is the objective specific? That is, does it state *who*   ✓ Yes _ No
  will do *what*   ✓ Yes _ No
  and *where*?   ✓ Yes _ No

- Is the objective measurable? That is, does it state *how many*?   ✓ Yes _ No

- Is the objective *achievable*?   ✓ Yes _ No

- Is the objective realistic? That is, can it be attained within the *specified*   ✓ Yes _ No
  time period using available technology and resources?

- Is the objective timeframed? That is, does it state *when*?   ✓ Yes _ No

- Is the objective related to the goal?   ✓ Yes _ No

- Is the objective supported by data and theory?   ✓ Yes _ No

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Objectives serve as the foundation for activities. That is, once an objective is determined, activities have to be identified that will lead to achievement of the objectives. The next tip sheet offers guidance on selecting or developing activities.

Tip Sheet #7:
Developing Appropriate Activities

BCCEDP Workplan Template				
Goals for This Year:			Measures of Success:	
Objectives	Activities Planned To Achieve This Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Activities are means to an end, not ends in themselves. When related to objectives, activities have a purpose in that they are used to accomplish objectives. Activities are what a program does, or its specific tasks, to meet its objectives and ultimately fulfill its goal. Examples include educating the public about the importance of early detection of breast and cervical cancer through the distribution of printed materials, using outreach workers to enroll women for screening, and training health professionals about screening technology.

To determine which activities would be most appropriate to accomplish a given objective, consider the following sources.

Data. Data collected through some type of assessment, like a community analysis, can be used to determine which activities may be most successful. Not only can this information help you determine what activities you should implement, it can also help you to fine-tune those activities so that they are truly tailored to your intended audience or your program's present situation. Information from focus groups, surveys, interviews, and observation can all be used to help determine your program's activities.

When planning activities for your intended audience, remember that every activity must be responsive to the unique cultural issues and needs of that group. Some types of assessment or data review, like a community analysis, will help identify what some of the issues might be within a specific community or audience so that they are a major consideration during the planning and implementation process.

Literature. A focused review of the literature, especially review articles or meta-analyses (i.e., analysis of many analyses), would be very useful when trying to determine which activities to implement. To minimize cost and ensure useful results when conducting a literature review, it is necessary to establish parameters (e.g., dates of publications, search criteria, key terminology).

Experience. The collective wisdom of a program's staff is a valuable resource. When a team effort is used to develop objectives, stakeholders have an opportunity to devise and discuss activities that might lead to achievement of a specific objective. Talk with other programs. Tell them what you are planning to do, and ask them to describe their evaluation component. Use their lessons learned to guide your activity development.

When planning activities, keep in mind that other programs' success with a particular activity will not guarantee it will be successful for you. As mentioned previously, remember to always keep your intended audience or your unique health care system in mind when planning and implementing an activity.

Community members and other experts. Ideas for activities can be generated in many different ways. You can conduct focus groups or interviews with members of the intended audience, or you can conduct key informant interviews. Another option is to consult an individual or group of individuals who are known to have expertise in a certain area of interest. For example, you could talk with an evaluation expert at a local university, or discuss possible activities with a professional consultant.

Individuals responsible for developing or selecting activities must be able to justify why a particular activity would help achieve a specific objective. Some questions to ask include:

- Has it worked before?
- Do the data and theory support the idea?
- Does the literature support the idea?
- Did members of the intended audience tell you they thought it would work?
- Does the program's current status warrant such an activity?

Case Study Example

Goal: Improve the accuracy of the MDEs

Measure of Success: Error rate of MDEs will be ≤5%

Objective: Data Manager will develop a report that quantifies the source of errors (from the data system, data entry, and form completion) by September 2000.

Activities: Data Manager will do the following before submission of MDEs:
1. Test the data system by running a dummy data set.

2. Review the data entry procedures and detail where safeguards exist and where they are missing.

3. Cross-check a sample of completed provider forms with medical records.

To assess whether these examples are appropriate given the case study, ask the following questions:

- Will the activities accomplish the objectives?   ✓ Yes   _ No

- Are they practical based on what you know about the program's
  resources and needs?   ✓ Yes   _ No

Note: *Given the limited amount of information in this case study, it is assumed that these activities would be appropriate. Remember, consideration of information from your data review and community analysis will ensure your activities are appropriate for your program.*

Tip Sheet #8: Using Data To Assess Progress

BCCEDP Workplan Template

Goals for This Year:		Measures of Success:		
Objectives	Activities Planned To Achieve This Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Once goals are established and objectives are developed, data need to be identified. Data identified at this stage consist of information that can be used to assess program activities or outcomes. This information can be obtained in a variety of ways from a variety of different sources. For example, programs sometimes collect data in order to conduct an assessment. Examples of this type of assessment include:

- Participants completing a quiz during a training,
- Collecting MDEs to assess the timeliness and adequacy of followups, or
- Conducting focus groups to determine barriers to screening.

Programs can also obtain data from information that has already been collected for another purpose. For example,

- Medical claims data can provide information about the cost of mammograms,
- Behavioral Risk Factor Surveillance System data can provide information about the use of cervical cancer screening, or
- U.S. Census data can provide population characteristics.

Data Sources

Data sources are simply places where data exist. The main data sources for BCCEDPs are minimum data elements (MDEs), System for Technical Assistance Reporting (STAR), cancer registries, and the Behavioral Risk Factor Surveillance System (BRFSS). These are examples of information that is already collected and available. Other examples include public records, data collected by the BCCEDP in the past, or data collected by collaborators or other organizations in the community.

Minimum Data Elements

The MDEs are a set of standardized data elements developed to ensure that consistent and complete information on screening location, patient demographic characteristics, screening results, diagnostic procedures, and treatment is collected on women screened or diagnosed with program funds. These are the data items that are minimally necessary for the programs and CDC to manage the programs. Programs are encouraged to collect additional data for local program management purposes.

System for Technical Assistance Reporting

STAR was developed to give programs in the NBCCEDP an easy way to report the expanded MDE data to CDC. STAR is a reporting mechanism that currently describes the infrastructure supporting programs at the State or local level.

Cancer Registries

A cancer registry is a surveillance system that manages the collection, storage, analysis, and interpretation of data on persons with cancer, usually covering a hospital or group of hospitals. A population-based cancer registry collects data from many hospitals in a defined geographic area and can show incidence trends for cancer at different sites over time or among population subdivisions. Examples of cancer registries include the National Program of Cancer Registries (NPCR) and Surveillance, Epidemiology, and End Results (SEER).

Behavioral Risk Factor Surveillance System

BRFSS is a State-based surveillance system used to monitor changes in behavior-related risk factors such as smoking or screening behaviors. Data can be used for program planning, modifications, evaluation, and updating the workplan as appropriate.

Examples of Other Relevant Data Sources for BCCEDPs

Records	Vital records	Observations
Staff surveys and interviews	Provider surveys or	Medical claims data
Exit interviews of participants	interviews	Census data
Tracking of media	Training materials	Vital statistics
Focus groups	Logs	National Health Interview
Medical records	Surveys of intended audience	Survey

Once all the sources are identified, you are ready to obtain the data. Once data are gathered from these sources, you should determine what data are still needed and develop a plan that includes

- Finding or creating data collection instruments to gather the specific data required,
- Developing procedures for how the instruments will be used, and
- Pretesting instruments before use.

Using Data Collection Methods

Always review data that you have access to *before* collecting new data. This practice is not only time and cost efficient, but it can help focus future data collection efforts.

When gaps are identified between the information the program has and the specific information needed, it may be *necessary* for a BCCEDP to collect its own data.

For this purpose, there are essentially two categories of data collection methods: quantitative and qualitative.

Quantitative approaches typically answer "how many." They gather what is known as "hard data"—scores, ratings, or counts. This type of information can be collected by methods such as

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Tip Sheet #8 (continued)

surveys and knowledge examinations. Typically, quantitative methods use standard measures, and data collected can be aggregated.

Qualitative approaches, on the other hand, are more open-ended and examine "why." They gather what is known as "soft data" or descriptions. This type of information can be collected by methods such as focus groups, case studies, and observations. Qualitative approaches typically describe behaviors in depth. Qualitative approaches are more descriptive, and the population studied is not statistically representative by design; therefore, data usually cannot be generalized to a larger population.

When designing this aspect of your workplan, include data collection methods that measure "how many" and "why." This information is key to obtaining a complete picture of what is happening at a given point in time.

The choice of a data collection method may represent a trade-off between cost, response rate, time required to obtain the data, and other factors. As you consider what data collection methods to use, it is helpful to keep the following questions in mind:

- Is the data collection method feasible and not overly expensive? Is there a less time-consuming or less expensive way to collect this information?

- Is this data collection *necessary* for program operations and/or evaluation?

- Will the resulting data be credible to those outside the program who are likely to look at the information?

- Are the resources and expertise available to analyze data correctly?

Case Study Example

Goal: Improve the accuracy of the MDEs

Measures of Success: Error rate of MDEs will be ≤5%

Objective: Data Manager develop a report that quantifies the source of errors (from the data system, data entry, and form completion) by September 2000.

Activities: Data Manager will do the following before submission of MDEs:

1. Test the data system by running a dummy data set.

2. Review the data entry procedures and detail where safeguards exist and where they are missing.

3. Cross-check a sample of completed provider forms with medical records.

Data: MDEs
Medical records

To assess whether these examples are appropriate given the case study, ask the following questions:

- Is this data collection *necessary* for program operations and/or evaluation?   ✓ Yes _ No

- Are these choices reasonable based on the goal, measures of success, objectives, and activities?   ✓ Yes _ No

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Tip Sheet #9:
Writing a Progress Report

The final component of a workplan is the progress report, which allows you to check program progress and assess your workplan. The progress report can help identify areas that need improvement and determine what workplan revisions may be necessary to further the program's mission. The progress report can serve as a guide to help determine what worked in the past and what did not.

The progress report can also be used as a communication tool with your CDC Project Officer or internally with staff. For example, it can help staff problemsolve in difficult situations, because previous problemsolving strategies have been documented.

The progress report used in the workplan template is intended to be similar to the progress report required in your notice of grant award. Therefore, it not only helps with program planning, but it also is something that BCCEDPs are already doing!

The progress report has four elements:

- Significant Accomplishments to Date
- Major Problems Encountered
- Strategies for Problemsolving
- Workplan Revisions Needed

Assessing progress by using these elements will make it easier to incorporate changes in the current workplan because the information is easy to refer to and well organized.

Tip Sheet #10:
Sample BCCEDP Workplan

(Based on Case Study)

Goals for This Year: Improve the accuracy of the MDEs		Measures of Success: Error rate of MDEs will be ≤5%		
Objectives	**Activities Planned To Achieve This Objective**	**Data**	**Timeframe for Assessing Progress**	**Team Members Responsible**
Data Manager will develop a report that quantifies the source of errors (from the data system, data entry, and form completion) by September 2000.	Data Manager will do the following before submission of MDEs: 1. Run a dummy data set. 2. Review the data entry procedures and detail where safeguards exist and where they are missing. 3. Cross-check a sample of completed provider forms with medical records.	MDEs Medical records		

Tip Sheet #11:
Glossary of Terms*

Goals...	Measures of Success...
are general, "big picture" statements of outcomes a program intends to accomplish to fulfill its mission.	are standards that a program sets for itself to measure progress in achieving program goals. Measures of success should be significant and truly gauge success in attaining the goal. They should contain a numeric value or observable behavior.

Objectives...	Activities...	Data...	Timeframe for Assessing Progress	Team Members Responsible
State the "big steps" a program will take to attain its goal. They can be used to determine a program's status at any given point in time, and they can be measured during the project period. Objectives should be S.M.A.R.T., that is, specific (identify who, what, and where), measurable (identify how many by when), achievable (can be attained), realistic (can be attained given time and resources available), and timeframed (identify when). They should not include more than one expectation.	Are what a program does, or its specific tasks, to meet its objectives and ultimately fulfill its goal. Examples include educating the public about the importance of early detection of breast and cervical cancer through the distribution of printed materials, using outreach workers to enroll women for screening, and training health professionals about screening technology.	Are pieces of information that can be used to assess program activities or outcomes. This information can be obtained from the Minimum Data Elements (MDEs), System for Technical Assistance Reporting (STAR), cancer registries (e.g., National Program of Cancer Registries; and Surveillance, Epidemiology, and End Results or SEER), and Behavioral Risk Factor Surveillance System (BRFSS). These are the main sources of data for BCCEDPs. Data can also be gathered from medical records, interviews, training materials, focus groups, observations, medical claims data, census data, vital statistics, and the National Health Interview Survey.		

*As used in this document.